

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

997

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00976

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH CITY OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	
County Queen Anne's MARYLAND Length of stay (in this place) 20 years		Maryland County Queen Anne's Length of stay (in this place) Chesterton - Rural	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
Male White		Theodore Carroll January 21 1956	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH 2/24/1895	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Poultry farm	
Farmer		11. BIRTHPLACE (State or foreign country) W. S. A. Maryland	
13. FATHER'S NAME John Carroll		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 1918 221-20-4861	
17. INFORMANT AND ADDRESS Mrs. Mary Carroll - Chestertown			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) Coronary thrombosis - 5-10 min Antecedent cause(s) (b) Coronary insufficiency - several years Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) coronary arterio sclerosis - several yrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-21, 1956, to 1-21, 1956, that I last saw the deceased alive on 1-21, 1956, and that death occurred at 2 PM m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Edgar L. Lane, M.D. Chestertown, Md. 1-23-56			
23. BURIAL CREMATION REMOVAL (Specify)		DATE THEREOF 1-24	
DATE REC'D BY LOCAL REG. 1-23		NAME OF CEMETERY OR CREMATORIAL Crempton	
REGISTAR'S SIGNATURE Edgar L. Lane		LOCATION (City, town, or county) Chestertown, Md. (State)	
24. FUNERAL DIRECTOR, ADDRESS Edgar L. Lane - Church Hill Md.			

BUREAU Y. S.

JAN 26 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00977

998

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

COUNTY Queen Anne

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Rural Barclay

LENGTH OF STAY
(in this place)

6 Yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

None

3. NAME OF
DECEASED:
(Type or Print)

Edward

(Middle)

E.

(Last)

Daniels

4. SEX:

Male

6. COLOR OR
RACE:

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify)

Widowed

8. DATE OF BIRTH:

3/21/1870

9. AGE last birthday

85

IF UNDER 1 YEAR

yrs.

IF UNDER 24 HRS.

Months

(Day)

Days

(Year)

5619

10A. USUAL OCCUPATION (Give kind of
work done during most of working life.)

Farmer

10B. KIND OF BUSINESS
OR INDUSTRY:

None

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Simon Daniels

14. MOTHER'S MAIDEN NAME:

Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

Mary Daniels Barclay, Md.

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE

(A)
DUE TO

Acute Cardiac Dilatation

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE (S)

(B)
DUE TO

Chronic Thyrotoxicosis

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(C)
DUE TOArterial Occlusion
PainfullyII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)
OF INJURY21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1956, to Jan 12, 1956, that I last saw the deceased
alive on Jan 12, 1956, and that death occurred at 530 P.M. from the causes and on the date stated above.
SIGNATURE C. McFilocelle ADDRESS Bethanyville, Md. 1/12/5623. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial 1/15/56

DATE THEREOF
NAME OF CEMETERY OR CREMATORIUM

Mt. Zion

LOCATION (City, town, or county)
(State)

Near Marydel, Md.

DATE REC'D BY LOCAL
REGISTRAR 1/14/56

REGISTRAR'S SIGNATURE

Edgar L. Lane

4. FUNERAL DIRECTOR

ADDRESS

J. E. Boulaas Greenlawn, Md.

BUREAU V. S

JAN 19 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Queen Anne,

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Rural Queenstown

LENGTH OF STAY
(In this place)
all lifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.

COUNTY Queen Anne

CITY (If outside corporate limits write RURAL and give nearest town)
OR

TOWN Queenstown R. D. #

STREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)

(First)

Chas. Edward

(Middle)

(Last)

Digdon

4. DATE
OF
DEATH

Month Jan

Day 17

Year 1956

6. SEX:
male6. COLOR OR
RACE:
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):8. DATE OF BIRTH:
May 6-19289. AGE last birthday:
27 yrs.IF UNDER 1 YEAR
MonthsIF UNDER 24 HRS.
Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):10b. KIND OF BUSINESS OR
INDUSTRY:11. BIRTHPLACE (State or foreign country):
near Queenstown MD12. CITIZEN OF WHAT
COUNTRY?
U.S.

13. FATHER'S NAME:

Chas. C. Digdon

14. MOTHER'S MAIDEN NAME:
Belle Sykes.15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.: Stone

17. INFORMANT & ADDRESS: Sister
Mrs Frances Lyon Queenstown R. D. #

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a)
DUE TO

Very frail & under nourished - died in an

Antecedent cause(s)

(b) Epileptic seizure -

Diseases or conditions, if any,

DUE TO

giving rise to the above cause
stating underlying cause last

(c)

He was an Inebitile, unable to walk or talk

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING (State)
CAUSE OF DEATH. (County)21b. PLACE (Home, farm, factory,
of street, office bldg., etc.,
INJURY)

21c. (City or town)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY M. 21e. INJURY OCCURRED
While at Not while
work at work 21f. HOW DID INJURY OCCUR?22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

W. Henry Fisher - Centreville, Md.

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
1/18-5623. BURIAL, CREMATION,
REMOVAL (Specify): (State)
Burial Son. 19, 1956 Chesterfield Cemetery LOCATION (City, town, or county)DATE REC'D BY LOCAL REG. 1-18-56 ADDRESS
REG. Registrar's Signature Helen Aldridge

24. FUNERAL DIRECTOR

Butcher Bros. Centreville, Maryland

RECEIVED
BUREAU V. S.

JAN 25 1956

1950

00979

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 254

1. PLACE OF DEATH:

COUNTY Queen Anne

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN near Queenstown

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(First) Mary

(Middle) E

(Last) Harrimore

4. DATE
OF
DEATH Jan. 20 - 1956

5. SEX: Female

6. COLOR OR
RACE: White7. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify):

8. DATE OF BIRTH: July 6-1879

9. AGE last birthday: 76

IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):10b. KIND OF BUSINESS OR
INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT
COUNTRY? U. S.

13. FATHER'S NAME:

Fox

14. MOTHER'S MAIDEN NAME:

Dow Kress

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS:

James Reynolds, Queenstown, Md.

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) Found dead on floor of bedroom

DUE TO Exposure

Antecedent cause(s)

Diseases or conditions, if any, (b).
giving rise to the above cause DUE TO No fire in house.
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY21e. INJURY OCCURRED
While at Not while
work at work

21c. (City or town) Queenstown

(County)

(State)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

W. Henry Fisher Centerville Md

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
1/21/5623. BURIAL, CREMATION,
REMOVAL (Specify): Burial

DATE REC'D BY LOCAL REG.

DATE THEREOF Jan. 24-56

REG. REGISTRAR'S SIGNATURE Helen M. Aedridge

NAME OF CEMETERY OR CREMATORIAL St Peter's Church

LOCATION (City, town, or county) Queenstown Maryland

(State)

24. FUNERAL DIRECTOR

ADDRESS

Towns Doctor of Dent. Dr. C. C. Fisher Centerville Md

BUREAU V.

JAN 27 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS AISC 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00980

1901

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY New York New York 69x-3			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	6 mos.	STREET ADDRESS 1351 2 nd Ave	(If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)				
FEMALE Female	White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	May 28, 1956			
5. SEX	6. COLOR OR RACE	7. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH	9. AGE last birthday	12. CITIZEN OF WHAT COUNTRY?
		Housewife		May 28, 1904	57 yrs.	USA
Months	Days	Hours	Min.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
William Werner		Apostle Webber				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		
No		082-I4-203I		Mrs Anthony Libansky, Chestertown, MD		
18. MEDICAL CERTIFICATION						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 156.1 IMMEDIATE CAUSE (A) Cancer of Liver ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)						
INTERVAL BETWEEN ONSET AND DEATH 6 mos						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from November, 1955, to Jan 25, 1956, that I last saw the deceased alive on Jan 27, 1956, and that death occurred at 12 P.M., from the causes and on the date stated above. SIGNATURE <i>Albert</i> M.D. <i>Chestertown, Md</i> DATE SIGNED <i>1-25-56</i> ADDRESS (Street, city, town, state)						
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 1, 1956		NAME OF CEMETERY OR CREMATORIUM Calvary Cemetery		
24. REC'D BY REGISTRAR DATE 1-31		REGISTRAR'S SIGNATURE Edgar L. Lane		LOCATION (City, town, or county) New York City		
				25. FUNERAL DIRECTOR'S SIGNATURE Willis Wells		
				ADDRESS (Street, city, town, state) Chestertown, Md		

MASSACHUSETTS STATE POLICE DEPARTMENT OF INSPECTOR-GENERAL

CERTIFICATE OF DATA

BUREAU V. S.

FEB 1 1956

RECEIVED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1002
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 254

00981
Reg. Dist.

1. PLACE OF DEATH:

COUNTY Queen Anne

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN near QueenstownLENGTH OF STAY
5 monthsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md

COUNTY Queen Anne

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Wye MillsSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)(First) F. Daren Hamerton Reid
(Middle)
(Last)4. DATE
OF
DEATH Jan 21
(Month) (Day) (Year)
Jan 21 1956

5. SEX:

Male

6. COLOR OR
RACE: White7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):8. DATE OF BIRTH:
Apr 5-18889. AGE last birthday:
67 yrs.
IF UNDER 1 YEAR Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):

Henderson Coal

10b. KIND OF BUSINESS OR
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

British Isles

12. CITIZEN OF WHAT
COUNTRY?
Scotland

13. FATHER'S NAME:

Wm Reid

14. MOTHER'S MAIDEN NAME:

Mary Hamerton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.: 188-26-9598

17. INFORMANT & ADDRESS:

Eliz S. Reid (wife) Wye Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a)
DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATHAntecedent cause(s)
Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY 21c. (City or town) (County) (State)21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY While at Not while M. work at work 21f. HOW DID INJURY OCCUR?22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

W. Henry Fisher Centreville Md

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.

DATE SIGNED

1/23-56

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
REMOVAL (Specify): Jan 24-56 Chesterfield Centreville Maryland

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Jan 24-56 Helen M. Adridge W. Edward Bentz Jr. Centreville Md.

11. A. 65

post 1 - NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00982

CERTIFICATE OF DEATH

Reg. Dist. No.

103

1. PLACE OF DEATH:

COUNTY Queen Anne

MARYLAND

CITY (If outside corporate limits, write RURAL
OR _____ and give nearest town)LENGTH OF STAY
(in this place)

84 Yrs.

TOWN Rural Barclay

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

no

3. NAME OF
DECEASED:
(Type or Print)

(First) Herman

(Middle)

(Last)

Toulson

5. SEX:

Male

6. COLOR OR
RACE:

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.

Widowed

8. DATE OF BIRTH:

9/2/1871

9. AGE last birthday

84 yrs.

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life.)

Truck Farmer

10B. KIND OF BUSINESS
OR INDUSTRY:

One

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME:

John M. Toulson

14. MOTHER'S MAIDEN NAME:

Francis O. Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unk.) (If Yes, give war or dates
of service)

No

16. SOCIAL SECURITY NO.

One

17. INFORMANT & ADDRESS:

Beulah Toulson Barclay, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

IMMEDIATE CAUSE

(A)
DUE TO

Quite Cardiac Delator

ANTECEDENT CAUSE (S)

(B)
DUE TO

Chronic Myocarditis

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(C)
DUE TO

Acute Myocarditis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Pneumonia

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

(State)

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
or injury street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Dec 26, 1955, to Jan 10, 1956 that I last saw the deceased

alive on Jan 2, 1956, and that death occurred at 7 A.M. from the causes and on the date stated above.
SIGNATURE *E. M. Toulson*ADDRESS *Facility 111/1/56* DATE SIGNED23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

DATE THEREOF

1/13/56

NAME OF CEMETERY OR CREMATORIUM

Basic

LOCATION (City, town, or county) (State)

Near Barclay, Md.

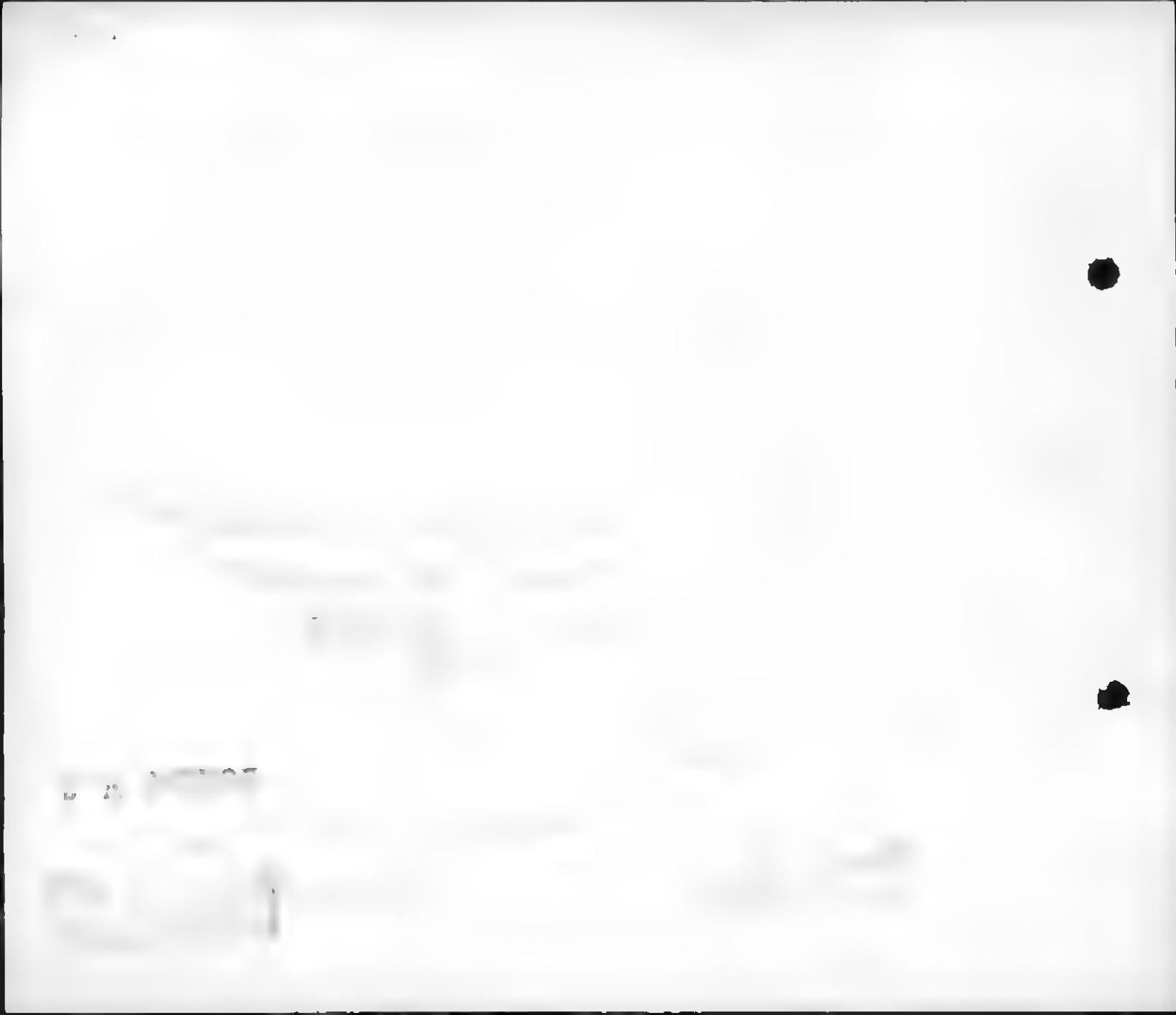
DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

J. G. Coulais & Sons, Greensboro, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

1904

2411 N. Charles Street, Baltimore

00983

CERTIFICATE OF DEATH

Reg. Dist. No. 254

I. PLACE OF DEATH- COUNTY <i>Queen Anne's</i>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>MARYLAND</i> CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Queenstown</i>	
LENGTH OF STAY (In this place) <i>82</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Queenstown</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>Jacob</i>	(Middle) <i>Henry</i>	(Last) <i>Wilson</i>
4. DATE OF DEATH <i>Dec. 8</i>	(Month) <i>Dec.</i>	(Day) <i>8</i>	(Year) <i>1956</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 1 1873</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fabricator</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Oysterman</i>	9. AGE last birthday <i>82</i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	13. FATHER'S NAME <i>JOSEPH Wilson</i>	14. MOTHER'S MAIDEN NAME <i>ANNIE CORNUE</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>
16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS <i>ANNIE CARTER - QUEENSTOWN, MD</i>	18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>4413X Immediate cause (a) <i>Lobar Pneumonia</i></p> <p>Antecedent cause(s) (b) <i>Congestive Heart Failure</i></p> <p>Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <i>Hypertensive Arterosclerosis C-V Disease, 3 yrs.</i></p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec. 8</i> , 19 <i>56</i> , to <i>Dec. 8</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>Jan. 7</i> , 19 <i>56</i> , and that death occurred at <i>12:45</i> m., from the causes and on the date stated above.			
SIGNATURE <i>J. Hoyt MD</i>	(Degree or title) ADDRESS <i>Queenstown Md.</i>	DATE SIGNED <i>1/8/56</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>1/11/56</i>	NAME OF CEMETERY OR CREMATORIAL <i>Buyons Cemetery</i>	LOCATION (City, town, or county) (State) <i>Grotonville Md.</i>
DATE REC'D BY LOCAL REC. <i>Jan. 11 - 1956</i>	REGISTRAR'S SIGNATURE <i>Telen M. Aldridge</i>	24. FUNERAL DIRECTOR <i>James B. Dorrell, Carlton, Md.</i>	ADDRESS

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN give nearest town)	MARYLAND LENGTH OF STAY (in this place) 20 yrs -	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville	COUNTY Maryland (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) JOHN		(Middle) ALEXANDER WOODROW	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 15-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Painting & Paperhanging	9. AGE last birthday 65 yrs
13. FATHER'S NAME Duncan Woodrow		11. BIRTHPLACE (State or foreign country) Harrow Ontario Canada	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes		16. SOCIAL SECURITY NO. 213-09-3949	
17. INFORMANT & ADDRESS Pete D. Woodrow - Centreville, Md.		14. MOTHER'S MAIDEN NAME Margaret Bishop	
18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE <i>441x</i> Hypertension		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES (A) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		DUE TO Hypertension Arteriosclerosis Obesity Diabetes Hypertension Arteriosclerosis Centreville Failure	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 12, 1956, to Dec 23, 1953, that I last saw the deceased alive on Jan 12, 1956, and that death occurred at 1 P.M. from the causes and on the date stated above.			
SIGNATURE <i>P. F. Lester</i>		ADDRESS (Street, city, town, state) Centreville Rd 1-15-56	
DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan 11-56	
NAME OF CEMETERY OR CREMATORIUM Chesapeake		LOCATION (City, town, or county) Centreville Maryland	
24. REC'D BY REGISTRAR DATE 1/14/56		REGISTRAR'S SIGNATURE Alice Demetrious	
		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Wm. Lester & Sons Centreville Md	

RECEIVED BY THE DEPARTMENT OF STATE - WASHINGON, D.C.

EXCHANGERS OF DATA

FEDERAL BUREAU OF INVESTIGATION

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